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CONFIRMATION NO. 3052

|   |   |  |  |                                    |                         |                              |
|---|---|--|--|------------------------------------|-------------------------|------------------------------|
| SERIAL NUMBER<br>10/817,240   | FILING DATE<br>04/01/2004<br><br>RULE   | CLASS<br>206   | GROUP ART UNIT<br>3728   | ATTORNEY<br>DOCKET NO.<br>MED-0016 |                         |                              |
| APPLICANTS<br><br>Michael Spolidoro, Attleboro, MA;<br><br>** CONTINUING DATA *****<br>This appln claims benefit of <u>60/460,283</u> 04/03/2003 <i>different inventor</i><br><br>** FOREIGN APPLICATIONS *****<br><br>IF REQUIRED, FOREIGN FILING LICENSE GRANTED<br>** 06/18/2004 |   |  |  |                                    |                         |                              |
| Foreign Priority claimed<br>35 USC 119 (a-d) conditions met<br>Verified and Acknowledged  |   | <input type="checkbox"/> yes <input checked="" type="checkbox"/> no<br><input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance<br><i>[Signature]</i><br>Examiner's Signature | STATE OR<br>COUNTRY<br>MA  | SHEETS<br>DRAWING<br>3             | TOTAL<br>CLAIMS<br>15 ✓ | INDEPENDENT<br>CLAIMS<br>2 ✓ |
| ADDRESS<br>33941<br>MONTE & MCGRAW, PC<br>4092 SKIPPACK PIKE<br>P.O. BOX 650<br>SKIPPACK, PA<br>19474   |   |  |  |                                    |                         |                              |
| TITLE<br>Snap tray for medical accessories  |   |  |  |                                    |                         |                              |
| FILING FEE<br><br>RECEIVED<br>770   | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: |  | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue ) |                                    |                         |                              |